



NextGen College Investing Plan[®]

Addendum to NextGen Account Application

YOU MUST USE THIS ADDENDUM TO:

1. Receive a \$500 Harold Alfond College Challenge Grant; *OR*
2. Receive a \$200 Initial Matching Grant.
3. Authorize FAME to discuss your NextGen account activity with an interested party.

Send the Addendum and the completed NextGen Account Application to:

FAME
PO Box 949
Augusta, ME 04332-0949

Beneficiaries receiving the Alfond Grant may NOT receive an Initial Matching Grant.

NEXTGEN ACCOUNT OWNER

Name: _____

Daytime Telephone _____

NEXTGEN ACCOUNT BENEFICIARY

Name: _____

Social Security Number: - -

1. SIGN THIS CERTIFICATION TO RECEIVE A \$500 ALFOND GRANT

I make the following certification: My NextGen account beneficiary is currently a Maine resident. I understand that FAME may require additional information from me to verify residency. I have read and agree to all Terms and Conditions of the Harold Alfond College Challenge. I have read and understand FAME's NextGen Privacy Policy and I further authorize FAME to share my nonpublic personal information and information about my account activity in order to conduct research to evaluate and improve the Harold Alfond College Challenge Grant, which may include publishing of aggregated non-personally identifiable information. FAME may also share my information with the Alfond Scholarship Foundation for its noncommercial charitable, educational and aspirational purposes. **I understand that if investment option(s) were not selected on a NextGen Client Direct Series Account Application, any contributions will be allocated 100% to and invested in the appropriate BlackRock Age-Based Portfolio, unless and until I direct differently in accordance with procedures for making investment changes.**

X
Signature of NextGen Account Owner _____

_____ Date

INTERNAL USE ONLY

2. SIGN THIS CERTIFICATION TO RECEIVE A \$200 INITIAL GRANT

I make the following certification: Either I or my NextGen account beneficiary is a Maine resident and my family adjusted gross income was \$75,000 or less as reported on my previous year's federal income tax return. I have read and agree to all Terms and Conditions of the NextGen Initial Matching Grant. I understand that FAME may require additional information from me to verify income eligibility and residency.

X
Signature of NextGen Account Owner _____

_____ Date

INTERNAL USE ONLY

3. AUTHORIZATION TO SHARE NEXTGEN ACCOUNT INFORMATION (Optional)

Provide the following information to authorize FAME to speak with another person about your NextGen account.

I authorize FAME to discuss account activity for the NextGen account identified on this Addendum with the individual named below. I understand that this individual cannot initiate, approve or otherwise authorize any transactions or changes on the account.

Authorized Person's Name: _____

Authorized Person's Social Security Number (last four digits):

- -

Relationship to Account Owner: _____

Authorized Person's Date of Birth (mm/dd/yyyy):

/ /

X
Signature of NextGen Account Owner _____

_____ Date

INTERNAL USE ONLY